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00136 7590 03/22/2005

JACOBSON HOLMAN PLLC  
 400 SEVENTH STREET N.W.  
 SUITE 600  
 WASHINGTON, DC 20004



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/769,778

01/26/2001

Theis Olsen

P64428US1

3991

TITLE OF INVENTION: SYSTEM AND METHOD FOR ENSURING SECURE TRANSFER OF A DOCUMENT FROM A CLIENT OF A NETWORK TO A PRINTER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

\$1700

06/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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FIELDS, COURTNEY D

2137

713-201000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
 SAFECOM A/S

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bagsvaerd, DENMARK

06/24/2005 MBERHE1 00000036 09769778

01 FC:1501

02 FC:1504

1400.00 OP

300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee (1400)
- ☒ Publication Fee (No small entity discount permitted) (300)
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- ☐ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1358 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 22 June 2005

Typed or printed name Michael R. Slobasky

Registration No. 26 421

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